

ABORTION

MAKING AN
INFORMED
DECISION

The following are the Commonwealth of Virginia's laws regarding abortion procedures.

(Code of Virginia § 18.2-72)

"...it shall be lawful for any physician licensed by the Board of Medicine to practice medicine and surgery, to terminate or attempt to terminate a human pregnancy or aid or assist in the termination of a human pregnancy by performing an abortion or causing a miscarriage on any woman during the first trimester of pregnancy."

(Code of Virginia § 18.2-73)

"...it shall be lawful for any physician licensed by the Board of Medicine to practice medicine and surgery, to terminate or attempt to terminate a human pregnancy or aid or assist in the termination of a human pregnancy by performing an abortion or causing a miscarriage on any woman during the second trimester of pregnancy and prior to the third trimester of pregnancy provided such procedure is performed in a hospital licensed by the State Department of Health or under the control of the State Board of Mental Health, Mental Retardation and Substance Abuse Services."

(Code of Virginia § 18.2-74 B.)

"...it shall be lawful for any physician licensed by the Board of Medicine to practice medicine and surgery to terminate or attempt to terminate a human pregnancy or aid or assist in the termination of a human pregnancy by performing an abortion or causing a miscarriage on any woman in a stage of pregnancy subsequent to the second trimester provided the following conditions are met:

(a) Said operation is performed in a hospital licensed by the Virginia State Department of Health or under the control of the State Board of Mental Health, Mental Retardation and Substance Abuse Services.

(b) The physician and two consulting physicians certify and so enter in the hospital record of the woman, that in their medical opinion, based upon their best clinical judgment, the continuation of the pregnancy is likely to result in the death of the woman or substantially and irretrievably impair the mental or physical health of the woman."

(c) Measures for life support for the product of such abortion or miscarriage must be available and utilized if there is any clearly visible evidence of viability.

"'Informed written consent' means the knowing and voluntary written consent to abortion by a pregnant woman of any age, without undue inducement or any element of force, fraud, deceit, duress, or other form of constraint or coercion by the physician who is to perform the abortion or his agent."

The basic information that must be provided to a woman at least twenty-four hours before an abortion, prior to her giving her informed written consent, includes:

"1. A full, reasonable and comprehensible medical explanation of the nature, benefits, and risks of and alternatives to the proposed procedures or protocols to be followed in her particular case;

2. An instruction that the woman may withdraw her consent at any time prior to the performance of the procedure;

3. An offer for the woman to speak with the physician who is to perform the abortion so that he may answer any questions that the woman may have and provide further information concerning the procedures and protocols;

4. A statement of the probable gestational age of the fetus at the time the abortion is to be performed; and

5. An offer to review the printed materials" entitled, *Abortion, Making an Informed Decision, Fetal Development, and A Guide to Services for the Pregnant Woman.*

INTRODUCTION

ABORTION

The information provided in this booklet is aimed at offering you some of the basic, factual information you may need in order to make an informed decision about abortion. It includes information on the various methods of abortion commonly used, as well as the medical risks associated with abortion. In addition, this booklet discusses the possible emotional side effects of abortion, along with some common medical risks associated with carrying a baby to term.

Abortion, Making an Informed Decision, presents current, medically reliable information and advice. However, each mother and pregnancy is unique. A woman considering an abortion should first talk to her doctor about the procedures and alternatives. It is a woman's right to be fully informed about the procedures, complications and risks involved in an abortion. It is a doctor's legal responsibility to provide that information.

DEFINITION OF TERMS

The following terms will be used throughout this booklet and will be emphasized in *italics* the first time they are used. They are defined here in order to expand the reader's understanding of the methods and risks of abortion.

ABORTION: Induced abortion is the act of ending a pregnancy either through surgery or by taking medication. The intention is not to have the fetus born alive.

CATHETER: A small suction tube used to remove the fetus and placenta from a woman's uterus.

CAESAREAN: When a doctor must cut open a woman's belly to remove the unborn child or fetus.

CURETTE: A small spoon-shaped instrument used to scrape the walls of a woman's uterus, separating and removing the fetus from the mother.

CERVIX: The opening of a woman's uterus.

EMBOLI: Blood clots to the heart and brain.

EVACUATE: To empty a woman's uterus.

EMBRYO: After fertilization, the combined egg and sperm is called a zygote. The zygote quickly divides into a cluster of different types of cells which form the embryo. The developing embryo becomes a fetus which becomes a baby when born.

FETAL DEVELOPMENT: The growth process of a fetus inside a woman.

FETUS: From eleven weeks after the woman's last menstrual period (nine weeks after fertilization) the developing embryo is now called a fetus and becomes a baby when born.

FIRST TRIMESTER: The first three months of a woman's pregnancy.

FULL TERM: A fetus is considered full term, ready for birth, at forty weeks after the last menstrual period (38 weeks after fertilization).

GESTATIONAL AGE: The age of a developing embryo or fetus, stated in either menstrual weeks or weeks after fertilization (see definitions following).

INDUCE: To cause a woman to begin labor.

LABOR: The contractions of the uterus that deliver the baby.

MENSTRUAL WEEKS: The age of an embryo or fetus measured from the first day of the mother's last normal menstrual period. Fertilization usually occurs about two weeks after a woman's last menstrual period began. This method of measuring is most often used by practicing doctors and other health care providers.

PLACENTA: The organ attached to the uterus that provides nourishment from the woman to the embryo, then fetus, through the umbilical cord.

SECOND TRIMESTER: The fourth, fifth and sixth month of a woman's pregnancy.

SPECULUM: An instrument used in order to look at the opening of a woman's uterus, or her cervix.

THIRD TRIMESTER: The seventh, eighth and final month of a woman's pregnancy.

ULTRASOUND: A machine producing ultrasonic waves that can picture the baby inside the woman. It can sometimes determine the sex or abnormalities and is used to determine the gestational age of a fetus.

UTERUS: The muscular organ inside a female where the embryo and fetus develop.

WEEKS AFTER FERTILIZATION: The age of an unborn child measured from the estimated day of fertilization.

ABORTION METHODS AND THEIR RISKS

MAKING AN INFORMED DECISION

If a woman has made an informed decision and chosen to have an *abortion*, she and her doctor must first determine how far her pregnancy has progressed. The stage of a woman's pregnancy will directly affect the appropriateness or method of abortion. The doctor will use a different method for women at different stages of pregnancy. In order to determine the *gestational age* of the embryo or fetus, the doctor will perform a pelvic exam and an ultrasound.

There are two distinct ways in which a doctor may count a pregnancy, *weeks after fertilization* and *menstrual weeks*. When noted in this booklet the weeks when each type of abortion may be performed are measured as menstrual weeks. In general, the weeks after fertilization count is two weeks behind menstrual weeks.

ABORTION RISKS

Approximately eight weeks menstrual is considered the safest time to have an abortion. The complication rate doubles with each two-week delay after that time. Women who have a vacuum aspiration, dilation and evacuation, or *labor* induction do not usually have problems getting pregnant later in life.

According to data from the Centers for Disease Control and Prevention (CDC), the risk of dying as a direct result of a legally induced abortion is less than one per 100,000. This risk increases with the length of pregnancy. For example:

- 1 death for every 530,000 abortions at 8 or fewer weeks
- 1 death per 17,000 at 16-20 weeks
- 1 death per 6,000 at 21 or more weeks

The risk of dying in childbirth is less than 1 in 10,000 live births. The risk is higher however for African American women and stands at 22 in 100,000.

METHODS USED PRIOR TO FOURTEEN WEEKS

According to Virginia law, in the first trimester an abortion can be safely performed by a licensed physician in an office or clinic.

■ VACUUM ASPIRATION

If a woman is in the *first trimester*, or first three months of her pregnancy, her doctor may choose to perform a vacuum aspiration abortion. The gestational age of the *fetus* must first be determined by a pelvic exam or *ultrasound*.

METHOD

The doctor will ask the woman to lie on her back with knees bent, and her feet placed in stirrups or foot holds. This position allows the doctor access to the woman's *cervix*. The doctor will insert an instrument called a *speculum* into the woman so that he can see the cervix. He will then give the woman a shot inside the vagina to numb the cervix to control for pain. Because the procedure is safer with the woman awake, the doctor will rarely put the woman to sleep.

Using dilators, the doctor will open the cervix, then place a *catheter* in the woman's *uterus*. The catheter will be connected to electrical or manual suction that will pull the fetus, *placenta* and membranes from the woman's uterus. The size of the catheter tube used depends on the size of the fetus. A larger tube will be used when a fetus is larger and further along in its development.

POSSIBLE COMPLICATIONS

- Uterus may not be completely emptied
 - Occurs in 1 in 100 procedures
 - May require repeat vacuum aspiration
- Uterine Infection, heavy bleeding, cramping
 - Treatable
- Instruments may puncture hole in uterus
 - Occurs 1-4 of every 1,000 procedures
- All may require Emergency Room treatment or surgery

■ DILATION AND CURETTAGE (D&C)

METHOD

The D&C is performed like the vacuum aspiration except no suction is used. After the age of the pregnancy is determined by pelvic exam and/or ultrasound, the patient remains on her back with her legs in stirrups or foot holders. The doctor inserts a speculum into the vagina so that the vagina and cervix are visible. A shot is injected inside the vagina to numb the cervix to control for pain, then the cervix is opened using tapered dilators. When the cervix is sufficiently dilated, the doctor will use a small spoon-shaped instrument, called a *curette*, to scrape the walls of the uterus and separate and remove the fetus, placenta and membranes from it.

POSSIBLE COMPLICATIONS

- Similar to vacuum aspiration
 - Uterus may not be completely emptied
 - May require vacuum aspiration
 - Uterine Infection, heavy bleeding
 - Treatable
 - Instruments may puncture hole in uterus
 - Occurs 1-4 of every 1,000 procedures
 - All may require Emergency Room treatment or surgery.
- The vacuum aspiration method is generally used instead of the D&C and is considered much safer.

■ MEDICAL INDUCTION OR MEDICAL ABORTION

METHOD

RU-486 (Mifepristone), also known as the “Abortion Pill,” and Methotrexate both cause an abortion by using a chemical that stops the hormones needed for the fetus to grow. In addition, they cause the placenta to separate from the uterus, ending the pregnancy. RU-486 is given to a woman by mouth, or as a vaginal medication. Methotrexate is usually given by injection but may be given as a pill. RU-486 and Methotrexate work similarly; however, Methotrexate may take longer to end a pregnancy.

The drugs must be taken very early in a pregnancy, before the seventh week and no later than the ninth week. An ultrasound test will need to be done prior to giving either drug, in order to determine the age of the fetus. After receiving RU-486 the woman must return to the doctor's office in thirty-six to forty-eight hours to receive a second drug, either orally or vaginally. This drug will cause the cervix to open and the muscles of the uterus to contract and flush the fetus from her body. Cramping and bleeding may be severe and will usually begin within one to two hours. The pregnancy will usually be terminated within three to four hours. Bleeding may continue for thirteen to seventeen days. One in four patients may take twenty-four hours or more to eliminate the pregnancy. If Methotrexate is used, the patient returns to see the doctor in 4-7 days to complete the abortion. It is important that the woman return to her doctor for a check up within fourteen days after her pregnancy has been terminated.

POSSIBLE COMPLICATIONS

If the patient does not return to her doctor to receive the second drug, this procedure may result in a failed abortion. If that happens, the doctor will need to perform a vacuum aspiration or a D&C to remove the fetus from the woman's uterus.

- Nausea and or vomiting
- Diarrhea
- Fever
- Painful cramping
- Heavy bleeding
- All may require visit to physician or Emergency Room
- 2 to 8 % may need vacuum aspiration or a D&C afterwards

METHODS USED AFTER FOURTEEN WEEKS

In the state of Virginia, an abortion performed after the first trimester must be performed in a hospital.

■ DILATION AND EVACUATION

METHOD

If an abortion is performed between thirteen and twenty-one weeks of a woman's pregnancy, her doctor may use the Dilation and Evacuation (D&E) method to abort the fetus. The doctor must first perform an ultrasound to determine the age of the fetus. The doctor will need to open the woman's cervix wider in order to perform a D&E. The doctor may soften the cervix with a hormone or insert small pieces of seaweed or a sponge-like material into the woman's cervix to do so. This material may be inserted up to twenty-four to forty-eight hours ahead of the procedure. Once the woman's cervix is opened, the doctor will use large vacuum catheters to remove as much of the pregnancy as possible. It may be necessary to use special forceps to remove the fetus, fetal parts or the placenta. Some doctors may use medication to start a woman's contractions and limit blood loss.

POSSIBLE COMPLICATIONS

Abortions performed at a later stage such as this carry a higher risk of complication.

- Uterine Infection
- Heavy bleeding
- Cramping
- Potential harm to reproductive organs because cervix is opened wider

■ LABOR INDUCTION

If the gestational age is late in the *second trimester*, or after sixteen weeks, the doctor may choose to perform a labor induction abortion.

METHOD

Using this method, the doctor will cause the woman to begin labor. The doctor will usually place a substance in the woman's cervix twenty-four to forty-eight hours before the procedure, to soften the cervix and open it. The doctor may place a drug that helps to dilate the cervix directly into the uterus, or into the vagina. The doctor may then inject a chemical such as urea, potassium or digitoxin, into the uterus by placing a needle through the woman's belly or again, in her vagina. These drugs will cause the death of the fetus. A drug called pitocin may be given in the woman's vein to start the contractions of her uterus.

If the abortion is performed at a later *fetal development* stage, the doctor may inject the medicines or saline directly into the fetus to cause death before inducing labor. If the placenta is not removed with the fetus during labor induction, the doctor must open the cervix and suction the uterus using the vacuum aspiration method.

POSSIBLE COMPLICATIONS

Labor inducing abortions carry a higher risk than methods used at earlier stages in a woman's pregnancy.

- Uterine infection
- Heavy bleeding
- High blood pressure

For women who have had a previous *caesarean* section, there may be an increased risk of uterine rupture.

■ DILATION AND EXTRACTION

A Dilation and Extraction (D&X) abortion, also called "Partial Birth Abortion," may be performed late in a woman's pregnancy, anywhere from twenty to thirty-two plus weeks.

METHOD

In order to abort the fetus at this stage, the doctor must first fully dilate the woman's cervix. He or she will then deliver the body of the fetus feet first. The doctor will then collapse the skull of the fetus while it is still inside the woman's uterus. The fetus and any remaining parts of the fetus and placenta are manually delivered and, if necessary, a vacuum aspiration is used to complete the delivery.

POSSIBLE COMPLICATIONS

Risks are similar to childbirth.

- Uterine infection
- Heavy bleeding
- High blood pressure
- Rare events such as blood clot, stroke or anesthesia-related death

AFTER AN ABORTION

After an abortion, the woman will need to stay at the clinic, or hospital, where the procedure was performed so her doctor can check for complications. The length of time she will be observed will depend on the type of procedure performed and the anesthesia used during that procedure. For example, after a vacuum aspiration or D&C with local anesthesia, a woman will usually remain at the clinic for about thirty minutes to an hour, after a D&E, a woman will usually be observed for two to four hours.

After the doctor observes the woman and allows her to go home, she will be given an antibiotic to prevent infection, and another drug to contract her uterus to reduce bleeding. The doctor will tell her how long she must wait before having intercourse again and discuss birth control methods which are safer than abortion. She will receive a prescription for pain medication. After having an abortion, a woman should not drive herself home.

It is normal for a woman to have some cramping and a small amount of bleeding after having any type of abortion. The cramping is caused by her uterus contracting back to its normal size.

If heavy bleeding occurs (two sanitary pads per hour for two hours) or if in severe pain not controlled by pain medication, a woman should contact the clinic or doctor where the procedure was performed, or go to an emergency room. Most women can return to their daily activities within a day or so after a procedure. It is important that a woman returns to her doctor for a check-up two to three weeks after an abortion.

THE EMOTIONAL SIDE OF ABORTION

Each woman having an abortion may experience different emotions before and after the procedure. Women often have both positive and negative feelings after having an abortion. Some women say that these feelings go away quickly, while others say they last for a length of time. These feelings include emptiness and guilt as well as sadness. A woman may question whether she made the right decision. Some women may feel relief about their decision and that the procedure is over. Other women may feel anger at having to make the choice. Women who experience sadness, guilt or difficulty after the procedure are usually those women who were forced into the decision by a partner or family member, who have had serious psychiatric counseling before the procedure or who were uncertain of their decision.

Counseling or support before and after your abortion is very important. If family help and support is not available to the woman, the feelings that appear after an abortion may be harder to adjust to. Talking with a professional and objective counselor before having an abortion can help a woman better understand her decision and the feelings she may experience after the procedure. If counseling is not available to the woman, these feelings may also be difficult to handle.

Remember, it is your right and the doctor's responsibility to fully inform you prior to the procedure. Be encouraged to ask all your questions.

THE MEDICAL RISKS OF CHILDBIRTH

METHOD

Labor is the process in which a woman's uterus contracts and pushes, or delivers, the fetus from her body. The fetus may be delivered through the woman's vagina, or by caesarean section.

POSSIBLE COMPLICATIONS

- Uterine infection – 10% may develop during or after delivery
- Blood pressure problems – 1 in 20 pregnant women have during or after pregnancy, especially first pregnancies
- Blood loss – 1 in 20 women experience during delivery
- Rare events such as blood clot, stroke or anesthesia-related death

Women with chronic severe diseases are at greater risk of developing complications during pregnancy, labor and delivery.

CHILDBIRTH RISKS

A woman choosing to carry a child to full term (40 menstrual weeks, 38 weeks after fertilization) can usually expect to experience a safe and healthy process.

This booklet is available free of charge upon request by calling the Virginia Department of Health at (804) 786-5916.

The following sources were used in reviewing and verifying the information presented in this booklet:

1. Cunningham, et. al. Williams Obstetrics 20th Edition, 1997, Appleton & Lange.
2. The National Abortion Federation, Clinical Policy Guidelines, ©2001.
3. Paul M, Lichtenberg E. S, Borgatta L, Grimes D, Stublefield P F.
A Clinician's Guide to Medical and Surgical Abortion, Churchill Livingstone,
a div of Harcourt Brace & Company.



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